



Department of Medical Assistance Services
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<http://www.dmas.state.va.us>

MEDICAID PROVIDER MANUAL UPDATE

TO: All Providers, Magellan and Managed Care Organizations

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services

MEMO: Update

DATE: 12/29/17

SUBJECT: New Opioid Treatment Services Supplement and Updates to the Addiction and Recovery Treatment Services Manual and the Peer Services Supplement.

The purpose of this memorandum is to notify providers of the clarifications to the Addiction and Recovery Treatment Services (ARTS) Provider Manual which was effective April 1, 2017. ARTS covers the full spectrum of the American Society of Addiction Medicine (ASAM) levels of care for substance use disorders including alcoholism and other drug addictions. This memorandum also serves as notice that the Opioid Treatment Services, including Opioid Treatment Programs, Preferred Office Based Opioid Treatment Programs and Preferred Medication Assisted Treatment have been pulled out of the ARTS Provider Manual and a new Opioid Treatment Services Supplement has been created. In addition to the new Opioid Treatment Services Supplement, there have been additional clarifications made to the Peer Services Supplement. The clarifications to the ARTS Provider Manual and the Peer Services Supplement are summarized below.

The changes in the ARTS Provider Manual are listed below:

Chapter II:

- Added Commonwealth Coordinated Care (CCC) Plus language.
- Moved Opioid Treatment Services (OTS) Provider Requirements to OTS Supplement.
- Added rate setting process for newly enrolled Residential Treatment Service providers.
- Updated licensing requirements to match ASAM Level Licensing Crosswalk.
- Added the new Preferred Medication Assisted Treatment provider qualifications.
- Clarified Screening Brief Intervention and Referral to Treatment (SBIRT) provider requirements.
- Added reference to Peer Support Services Supplement.

Chapter IV:

- Added Commonwealth Coordinated Care (CCC) Plus language.
- Added definitions.
- Added new Governor's Access Program (GAP) ARTS treatment services.

- Moved Opioid Treatment Services (OTS) service requirements to OTS Supplement.
- Clarified staff qualification for the Individual Service Plan (ISP) by American Society of Addiction Medicine (ASAM) Level of Care.
- Added the reference to the new Preferred Medication Assisted Treatment.
- Clarified the distinct activities required for Substance Use Case Management.
- Clarified that group substance use counseling shall have recommended maximum limit of 10 members but can exceed based on determination of the credentialed addiction treatment provider.
- Clarified residential services lengths of stay based on CMS and ASAM requirements.
- Added Reporting of Adverse Outcomes for Institutions for Mental Diseases (IMD) requirements.
- Added Patient Utilization Management (PUMS) language.

Chapter VI:

- Added Commonwealth Coordinated Care (CCC) Plus language.
- Clarified ISP documentation requirements.
- Clarified the Substance Use Case Management documentation requirements.

DMAS has created a new supplement titled Opioid Treatment Services. This incorporates all Medication Assisted Treatment requirements. This supplement clarifies the service requirements for the Preferred Office Based Opioid Treatment Services as well as the requirements for the ISP and the new Interdisciplinary Plan of Care.

DMAS has also clarified in the Peer Supports Supplement and Intensive Community Treatment (ICT).

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Most Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC, CCC Plus, and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0:
http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC):
http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Commonwealth Coordinated Care Plus (CCC Plus):
http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx
- Program of All-Inclusive Care for the Elderly (PACE):
http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

COMMONWEALTH COORDINATED CARE PLUS

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx and the form can be accessed from there by clicking on, "Click here to download a Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out

online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

PROVIDERS: NEW MEDICARE CARDS ARE COMING

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to [talk to your Medicare patients](#) about the new Medicare Card. Bookmark the [New Medicare Card](#) homepage and [Provider](#) webpage, and visit often, so you have the information you need to be ready by April 1st.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

MEMBERS: NEW MEDICARE CARDS ARE COMING

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that's unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:

<https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html>

UPDATED PROVIDER MANUALS
REVISION CHART
December 29, 2017

SUMMARY OF REVISIONS

MANUAL SECTION	MATERIAL REVISED	NEW PAGE NUMBER(S)	REVISED PAGE(S)	REVISION DATE
ARTS Manual Chapters II, IV, & VI			Entire Chapters	12/29/2017
Opioid Treatment Services			New Supplement	12/29/2017
Peer Services Supplement			Entire Supplement	12/29/2017

FILING INSTRUCTIONS

MANUAL SECTION	DISCARD	INSERT	OTHER INSTRUCTIONS